City of Milwaukee

CITY OF MILWAUKEE | OFFICE OF EQUITY AND INCLUSION

FORM A – CONTRACTOR COMPLIANCE PLAN

This compliance plan must be completed in its entirety and is a required submission with an Invitation to Bid or a Request for Proposal (RFP). Responder should make every effort to include Small, Minority and Women Business Enterprises (SMWBE) and Labor Surplus Areas (LSA) firms in the bid submission, and if the Proposer is seeking to earn SMWBE & LSA bonus points as it relates to an RFP. **Additionally, in order to qualify, an active (non-expired) certificate of SMWBE certification issued by a governmental certifying agency for each firm must accompany this form. The firm must be certified at the time of bid opening and/or RFP closing. LSA firms do not require proof of certification, however documentation supporting proof of business location is necessary.**

I. GENERAL INFORMATION (REQUIRED)

Bid/RFP # _____ SBE% _____ MBE% _____ WBE% _____ LSA% _____ Total $ _____

Description of SMWBE & LSA Firm Participation

II. PRIME CONTRACTOR INFORMATION (REQUIRED)

Contractor Name _____

Address _____

City, State, Zip Code _____

Contact Person _____ Title _____

Phone Number _____ E-mail Address _____

Prime Contractor Certification SBE _____ MBE _____ WBE _____ LSA _____ N/A _____

III. ACKNOWLEDGEMENT (REQUIRED)

I certify that the information included in this Compliance Plan is true and complete to the best of my knowledge. I further understand and agree that this compliance plan is a condition of my Bid/RFP responsiveness. Failure to submit this form with my response may render the Bid/RFP unresponsive.

Name of Authorized Representative _____ Signature _____

Title _____ Date _____

FOR STAFF USE ONLY

SMWBE Firm providing service/commodity consistent with NAICS Code(s) and Prime's scope of service? Yes ____ No ____

LSA firm located in a designated surplus area by the US Secretary of Labor? Yes ____ No ____

Staff Name _____ Staff Signature _____

Title _____ Date _____

List all subcontractor information in its entirety, identifying the Contractor's SMWBE and LSA designation. Individual subcontractor SMWBE and LSA percentages should equal the overall participation as listed on Page 1. Please visit the following websites for lists of certified firms.

- City of Milwaukee Small Business Enterprise (SBE) certification directory: https://milwaukee.diversitycompliance.com/
- State of Wisconsin Women Business Enterprise (WBE) and Minority Business Enterprise (MBE) certification directory: https://wisdp.wi.gov/Search.aspx
- Labor Surplus Area firms (LSA): https://www.doleta.gov/LSA/eta_default.cfm

IV. SUBCONTRACTOR INFORMATION

Contractor Name _____

Address _____

City, State, Zip Code _____

Contact Person _____ Title _____

Phone Number _____ E-mail Address _____

Subcontractor Certification SBE _____ MBE _____ WBE _____ LSA _____

Please identify the proposed award amount and the percentage of the contract the subcontractor will fulfill.

Proposed award amount $_____ Percentage of contract _____%

Name of Owner/Representative _____

Signature of Owner/Representative _____ Date _____

If you need to provide additional subcontractor information, please duplicate this page as needed.